

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>L.T.</i>		<i>11-5-01</i>
FORMALITY REVIEW	<i>S.B.</i>	<i>JC 895</i>	<i>02-06-01</i>
RESPONSE FORMALITY REVIEW	<i>H.A.</i>	<i>858</i>	<i>04-30-01</i>
	<i>A.M.</i>	<i>JC 580</i>	<i>06-18-01</i>

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ..... Canceled                      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	✓ 4-23-01
2	✓
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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